

CITATION NUMBER: _____

Pre-Trial Speeding Diversion
Information Sheet

If you have been charged with speeding, you may be eligible for consideration for the City of Wichita Speeding Ticket Diversion Program ONLY IF:

You have NOT been convicted of a moving violation in this or any other state or municipality, or have not previously participated in a Diversion for a moving violation within the last two years.

Citations for Speeding in a Construction Zone or Speeding in a School Zone will only be accepted for Diversion if the ticket is not more than 15 MPH over the posted speed limit. Fines for these violations will be doubled.

You have a valid driver's license; those with a Commercial Driver's License are not eligible for Diversion.

You have current liability insurance.

You MUST apply for diversion within **thirty (30) days** of the issuance of your citation and pay the \$25.00 non-refundable application fee.

If your application for Diversion is accepted, the City will postpone judicial proceedings on the charge against you for six months. In return you must do the following:

1. PAY ALL COSTS, FINES AND FEES at the time the agreement is signed.

Fine: (As set per the fine schedule).
Doubled for school and construction zones.

Diversion Fee: \$75.00

Application Fee:.....\$25.00

Court Costs: 70.00

You will be responsible for all additional court costs incurred during the course of your case.

2. Agree to waive your constitutional rights to a speedy trial on the charge against you.
3. Agree to stipulate to the police citation pertaining to the facts and circumstances of the charge against you.
4. Obey all laws of the United States and any other state or municipality.
5. Receive no moving violations for six months.

Application forms for Diversion are available in the Municipal Court Clerk's Office – 2nd floor, City Hall, 455 N Main and **MUST** be filed with the Clerk's Office within **thirty (30)** days from the date of the citation. When your application is filed, you will be given a court hearing date, which you **MUST** attend. Failure to attend the court hearing will result in the denial of your application for Diversion.

If you successfully complete the Diversion, the charges against you will be dismissed after six months.

If you fail to complete the requirements of the diversion, the charge against you will be reinstated. The matter will then be set for a trial using only the information stipulated to in the Diversion agreement.

You **MUST** pay all fines and costs on the day you sign the Diversion Agreement - **NO EXCEPTIONS.**

If you are not accepted for the diversion program, you will be expected to try or dispose of your citation at the time of your hearing.

**APPLICATION WILL NOT BE ACCEPTED WITHOUT PAYMENT OF THE
APPLICATION FEE AT THE TIME OF FILING.**

**APPLICATION FOR SPEEDING
TICKET DIVERSIONS**

Docket Number: _____ Attorney: _____

Court Date: _____ Attorney Address: _____

Attorney City/State/Zip: _____

Attorney Phone #: _____

ALL ANSWERS MUST BE COMPLETE. TYPE OR PRINT CLEARLY.

1. FULL NAME: _____ TELEPHONE _____

ADDRESS: _____
(Street) (City) (State) (Zip)

2. AGE: _____ 3. DATE OF BIRTH _____

4. SOCIAL SECURITY NUMBER: _____

5. DRIVER'S LICENSE NUMBER: _____ COMMERCIAL DL # _____

6. PRIOR OFFENSE RECORD: _____ None _____ Juvenile _____ Adult

CRIMINAL OFFENSE CONVICTION/DIVERSION:

7. TRAFFIC OFFENSE CONVICTIONS: (Within Last 5 Years)

8. DATE OF CURRENT CITATION: _____

9. Are you now, or have you ever, participated in any other traffic diversion program? _____
If yes, please state where and effective date of program.

10. Do you have any other traffic citations pending in any other city, county, or state? _____

If yes, please state where: _____

11. STATE THE NAME OF YOUR VEHICLE INSURANCE COMPANY, YOUR AGENT'S NAME, AGENT'S TELEPHONE NUMBER AND THE INSURANCE POLICY NUMBER:

INSURANCE COMPANY: _____ POLICY NO: _____

AGENT'S NAME: _____ TELEPHONE NO: _____

I hereby apply for status as a participant in the diversion program and request that the City Attorney temporarily delay trial proceedings against me in order to permit consideration of this application. I agree that any time taken to consider this application and the rescheduling for trial, should I be denied, will be assessed against me in determining my right to a Speedy Trial. I understand that the final decision to commence trial proceedings or to defer prosecution in my case rests entirely with the City Attorney.

I authorize the program coordinator to conduct an investigation to determine suitability for this program. I understand that any information furnished by me or authorized by me to be furnished to the program coordinator in connection with this investigation will be kept confidential.

A false answer to any question in this application may be grounds for recommendation against placement into this program or removal after placement in the program, in which case the City Attorney will resume prosecution of the original charges.

DATE

APPLICANT